



Bib Data Sheet

UNITED STATES DEPARTMENT OF COMMERCE  
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Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/489,700	<b>FILING DATE</b> 01/24/2000 <b>RULE</b> -	<b>CLASS</b> 438	<b>GROUP ART UNIT</b> 2812	<b>ATTORNEY DOCKET NO.</b> 85A 2915		
<b>APPLICANTS</b> — Koji Sato, Akishima, JAPAN;						
<b>** CONTINUING DATA *****</b>						
<b>** FOREIGN APPLICATIONS *****</b> — JAPAN 11-13831 01/22/1999 <i>[Signature]</i>						
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 04/06/2000						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 57	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> KODA & ANDROLIA 10100 Santa Monica Boulevard Suite 2340 Los Angeles, CA 90067						
<b>TITLE</b> Guide rails for conveying band-form members						
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/489,700	<b>FILING OR 371(c) DATE</b> 01/24/2000 <b>RULE</b>	<b>CLASS</b> 242	<b>GROUP ART UNIT</b> 3653	<b>ATTORNEY DOCKET NO.</b> 85A 2915
<b>APPLICANTS</b> Koji Sato, Akishima, JAPAN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 11-13831 01/22/1999 <i>[Signature]</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/06/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 2 <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> KODA & ANDROLIA 2029 CENTURY PARK EAST SUITE 1430 LOS ANGELES ,CA 90067-3024				
<b>TITLE</b> Guide rails for conveying band-form members				
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	